Critical Care Assessment and Improvement Act of 2014

Assessing the State of Critical Care in the United States

The bipartisan Baldwin-Portman legislation would authorize the Institute of Medicine (IOM), to conduct an analysis of the current state of critical care health services in the United States and to develop recommendations to bolster critical care capabilities to meet future demand. This provision is modeled after a previous IOM project that examined the *Future of Emergency Care,* which resulted in a series of consensus policy recommendations to strengthen the emergency and trauma care system—many of which have subsequently been enacted into law.

The bill would also require the Secretary of Health and Human Services to review and update the Health Resources and Services Administration's 2006 study on critical care workforce shortages and expand the analysis to include other critical care providers, such as nurses, who play a key role in the delivery of ICU care. As Congress seeks to address health workforce challenges, it is vital that they have the most up-to-date data on the critical care workforce.

Creating a Research Agenda at the National Institutes of Health

The National Institutes of Health (NIH) is a leader in supporting and disseminating critical care research. Yet, as a country, there is disproportionally little research in critical care medicine. This may be due to the multidisciplinary nature of the field, therefore resulting in the scattering of critical care-related projects throughout the 27 Institutes and across the federal government, ultimately limiting the progress of research.

The Baldwin-Portman legislation creates a Critical Care Coordinating Working Group within NIH that would coordinate the collection and analysis of critical care research and identify gaps in such research, as well as strengthen partnerships within NIH and between NIH and other public and private entities to expand collaborative, cross cutting research. Members of the Working Group will include representatives from throughout the NIH and the Departments of Health and Human Services whose missions include critical care medicine, including the National Heart Lung and Blood Institute, National Institute of Nursing Research, the Eunice Kennedy Shriver National Institute of Child Health and Human Development, the National Institute of General Medical Sciences, the National Institute on Aging, and the National Institute of Minority Health. The NIH recently demonstrated the importance and efficiencies that come from increased coordination by establishing an Office of Emergency Care Research, which will serve as hub for basic, clinical and translational emergency care research and training across NIH. The Working Group would be modeled after this office.

Improving the Quality and Efficiency of Critical Care

The Center for Medicare and Medicaid Innovation (CMMI) was created to facilitate health system improvements to ensure better health care, better health and reduced costs for beneficiaries. Despite the prevalence and impact of critical care on the health care system, CMMI has supported few projects aimed at improving the delivery of critical care. In fact,

between 2010 and 2012 CMMI distributed approximately $3.667 billion in demonstration funding, less than 1% of which went to critical care or ICU focused projects.

The *Critical Care Assessment and Improvement Act* would require the Secretary of Health and Human Services to authorize a CMMI demonstration program that aims to improve the quality and efficiency of care provided to the critically ill and injured patients receiving treatment in ICUs or other areas of acute care hospitals.

The Critical Care Assessment and Improvement Act is supported by a number of organizations in Wisconsin, Ohio and around the country, including: University of Wisconsin School of Medicine and Public Health, Children's Hospital of Wisconsin, American Association for the Surgery of Trauma, American College of Clinical Pharmacy, Case Management Society of America (CMSA), Cincinnati Children's Hospital Medical Center, Eastern Idaho Regional Medical Center, Healthcare Leadership Council, Ikaria, Inc., Institute of Social Medicine & Community Health, The Leapfrog Group, The Ohio State University Wexner Medical Center, The Roundtable on Critical Care Policy, Trauma Center Association of America, and the University of Pittsburgh Medical Center (UPMC) Center for Health Security.